



## MEDICAL REQUEST FORM - Non- Prescribed Medications

<b>Name of Child</b>	
<b>Date of birth</b>	
<b>Class</b>	
Name of person completing this form (please print name)	

### SECTION 1 – Medication Details

Name of medication	
What has this been prescribed for?	
Does this medication contain aspirin? YES/NO	
If this medication contains paracetamol state the first date your child started taking this medicine IN THIS PARTICULAR EPISODE	
How much medication are you leaving (i.e. 20 tablets, one bottle etc)	
Dose needed (i.e 5ml, 10 ml etc)	
Time/s you need this to be given to your child	
The last date medicine to be given	
Any adverse reaction we should look out for and action to be taken	

